

Location: South Jordan Softball Complex South Jordan Parks & Recreation

Address: 10800 S. Redwood Road

League begins: week of August 23, '04

Mens: Monday Double Headers

Co-Ed: Tuesday Double Headers

Registration Fees:

Full season - \$400 (14 games)

Questions:

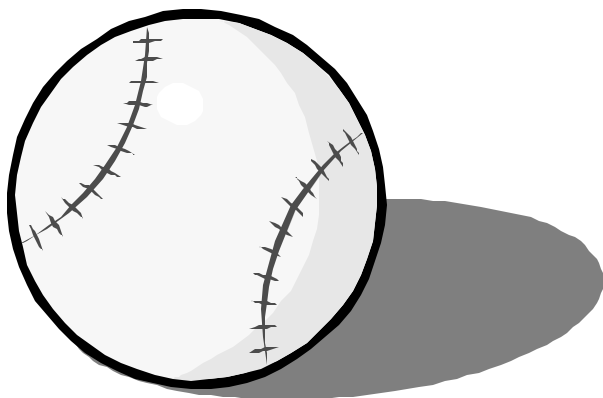
call Community Center for registration:

@ 254-9888

Fall ADULT Softball 2004

Contact person: 253-9332

Ryan Turman (Sports Coordinator)



South Jordan City Parks & Recreation

Fall Adult Softball 2004

REGISTRATION FORM

- Registration includes certified officials and game balls.
- Registration is due by Friday, August 13, 2004 at 5:00pm League starts the week of Aug. 23.
- All registration forms MUST be accompanied by a check, money order, credit card number (Master Card, Visa or American Express) or cash.
- Should circumstances cause your team to be unable to play in the league, refunds will be handled as follows:
 1. 90% will be refunded up until 10 days prior to league play after which no cash refunds will be made.
 2. No refund or credit will be given to any team that cancels after league schedules have been completed.
- Team registrations are taken on a first-come, first-serve basis. Entry is guaranteed upon fee, space availability and approval of the Program Coordinator. **Rosters may be picked up when you register or on the first night of league play.**
- We reserve the right to reschedule league/ tournament games because of inclement weather, or other similar unpredictable circumstances. In case of rescheduling, the program Coordinator will contact coaches, whose teams are affected, of the game changes.

PLEASE CHECK DESIRED DIVISION:

COST: \$400.00 (14 GAMES)

_____ Mens Monday– double headers
_____ Co-Ed Tuesday– double headers



Team Information: **(Rosters are due before the first game with parents/guardians signature)**

Team Name _____ Coaches Name _____

Coaches Home Address _____

City _____ State _____ Zip _____

Day Phone _____ Night Phone _____

I, as manager, accept responsibility for the payment of the registration fees for the above listed softball team, and agree to pay South Jordan City a \$20.00 fee in the event that my form of payment is not valid.

Name _____ Signature _____ Date _____

Form of Payment (please check one): Cardholder's Name: _____

___ VISA ___ MasterCard ___ American Express

___ Check or Money Order

***Please make checks or Money Order payable to South Jordan City**

Cardholder's Signature: _____